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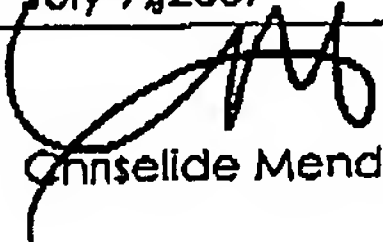
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**PLEASE DELIVER TO:**

**NAME:** Examiner Richard V. Muralidar/Art Unit 2838  
**FAX TELEPHONE NO.** 571.273.8300  
**MESSAGE SENT BY:** Daniel C. Crilly, Esq.  
**DATE:** July 9, 2007  
**PAGES:** (including cover).....30

**MESSAGE:** Please see attached Transmittal Form (1 page), Fee Transmittal (1 page), Request for Second Month Extension of Time (1 page), Amendment and Response under 37 C.F.R. § 1.111 (23 pages), and Information Disclosure Statement together with Form PTO/SB/08a (3 pages) in connection with U.S. Appl. Serial No. 10/604,703. Thank you.

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PTO/SB/21 (08-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/604,703	
	Filing Date	August 11, 2003	
	First Named Inventor	David Elder	
	Art Unit	2838	
	Examiner Name	Richard V. Muralidar	
Total Number of Pages in This Submission	30	Attorney Docket Number	013476-05187

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Substitute for form 1449A/PTO Information Disclosure Statement By Applicant <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BRINKLEY, MORGAN, SOLOMON, TATUM, STANLEY, LUNNY & CROSBY, LLP		
Signature			
Printed Name	DANIEL C. CRILLY		
Date	July 9, 2007	Reg. No.	38,417

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PTO/SB/17 (12-04)

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<b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
		Application Number	10/604,703
		Filing Date	August 11, 2003
		First Named Inventor	David Elder
		Examiner Name	Richard V. Muralldar
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2838
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 225		Attorney Docket No.	013476-05187

**METHOD OF PAYMENT (check all that apply)**

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☒ Deposit Account Deposit Account Number: 50-1111 Deposit Account Name: Brinkley Morgan et al.  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: \_\_\_\_\_ - 20 or HP = 0 x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$)  
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims: \_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee Paid (\$)  
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Claims	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other: Request for Two Month Extension of Time Fee \_\_\_\_\_ **225**

<b>SUBMITTED BY</b>		Registration No. 38,417	Telephone (954) 522-2200
Signature	<i>Daniel C. Crilly</i>	(Attorney/Agent)	
Name (Print/Type)	Daniel C. Crilly, Esq.	Date	July 9, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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